

POSIT JN	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	TH	59	8231
FORMALITY REVIEW		953	03-18-01
RESPONSE FORMALITY REVIEW	A-T	1071	11/20/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
5	12
93	03
2	✓
3	✓
4	✓
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7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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 11/20/01
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 CP-18-01